

# TAX REFUND FOR ELDERLY & DISABLED

## HOW TO COMPLETE YOUR APPLICATION

This space for office use only.		WYOMING TAX REFUND FOR ELDERLY AND DISABLED 2015 APPLICATION	
IF THIS IS THE FIRST TIME APPLYING FOR THE PROGRAM CHECK <input checked="" type="checkbox"/> THIS BOX <input type="checkbox"/>			
FILING DEADLINE: AUGUST 31, 2015		SENIOR CENTER #:	FORM # 1400000
<b>APPLICANT:</b> (Last Name) (First Name) (MI) Soc. Sec. No.			
<b>*IF LEGALLY MARRIED, ENTER SPOUSE'S INFORMATION.</b> <b>SPOUSE:</b> (Last Name) (First Name) (MI) Soc. Sec. No.			
<b>PHYSICAL ADDRESS:</b> Street City St ZIP Is this physical address a <b>GROUP HOME</b> <input type="checkbox"/> or <b>NURSING HOME</b> <input type="checkbox"/> if so, please check mark the box that applies.			
<b>MAILING ADDRESS:</b> Street/P.O. Box City St ZIP			
<b>DATE OF BIRTH:</b> Applicant: Spouse: Phone #:			
<b>TYPE: (YOU MUST SELECT "✓" ONLY ONE TYPE)</b> <input type="checkbox"/> JOINT (ONLY IF LEGALLY MARRIED AND SPOUSE IS LIVING) <input type="checkbox"/> SINGLE (Applicant is <u>NOT</u> married) <input type="checkbox"/> JOINT WITH DECEASED SPOUSE (only if spouse DIED in 2014 OR 2015)			
<b>QUALIFICATION: (YOU MUST SELECT "✓" ONLY ONE QUALIFICATION)</b> <input type="checkbox"/> Age 65 or over: Birth date prior to 31 December 1949 <input type="checkbox"/> Disabled: MUST be 18 or over and SHOW proof of disability, born prior to 31 December 1996 <input type="checkbox"/> Previously Qualified: Age OVER 60, deceased spouse was qualified in preceding year			
<b>RESIDENCY: (Answer both questions)</b> 1. Did you (the applicant) live in Wyoming for 12 consecutive months prior to the date of your signed application? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Have you (the applicant) been a United States citizen for 12 consecutive months prior to the date of your application? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>TAX RETURN:</b> Did you and/or your spouse file a U.S. Federal Income Tax Return for 2014? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>ATTACH A COMPLETE COPY OF YOUR 2014 FEDERAL INCOME TAX RETURN IF YOU DID FILE.</b>			
<b>ASSETS:</b> Did you and/or your spouse have total household assets exceeding Thirty Thousand Two Hundred Seventy Nine Dollars (\$30,279.00) per adult member of the household in 2014? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>INCOME:</b> Applicant 2014 Gross Income: Spouse 2014 Gross Income: GRAND TOTAL 2014 INCOME: <input type="text"/> <b>Please complete the attached VERIFICATION WORKSHEET for income received in 2014.</b>			
<b>PROPERTY TAX: YOU MUST CHECK ALL THAT APPLY</b> I(We) did receive Property Tax Relief (issued by Department of Revenue) in 2014 YES <input type="checkbox"/> NO <input type="checkbox"/> I(We) did receive a Veteran's Exemption for property (not automobile) in 2014 YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>DOCUMENTS: SUBMIT DOCUMENTATION FOR ALL INCOME RECEIVED IN 2014</b> I(WE) authorize the department to verify income for 2014. I (WE) swear, affirm or declare under penalty of perjury (if joint, spouse MUST sign below) that the information entered on this application is true, correct, and complete to the best of my (our) knowledge and belief. I (WE) understand that our representations on this form are binding and that no changes other than address changes will be allowed after the application is submitted.			
Applicant Signature: Spouse Signature: Date: <b>W. S. 6-5-303 (b) - Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both.</b>			
Refund checks will be issued ON or BEFORE DECEMBER 30, 2015 IF you have submitted all of the required documentation and qualify.			
<b>MAIL TO: DEPARTMENT OF HEALTH, Tax Refund for Elderly &amp; Disabled, 460 Hathaway Building, Cheyenne, WY 82002</b> <b>TOLL FREE# 1-866-989-8901</b>			
White Copy: E & D office    Pink Copy: Applicants copy    Yellow Copy: Senior Center			

# Application

NOTE: THE INFORMATION CONTAINED HERE CAN NOT BE USED AS AN ORIGINAL DOCUMENT.

THIS IS A COPY OF THE ENTIRE APPLICATION.

APPLICATION WILL BE BROKEN DOWN INTO SECTIONS ON THE PAGES TO SEE FOR EASIER VIEWING!

# WYOMING TAX REFUND FOR ELDERLY AND DISABLED

## 2015 APPLICATION

(1) IF THIS IS THE FIRST TIME APPLYING FOR THE PROGRAM CHECK THIS BOX

☐

FILING DEADLINE: AUGUST 31, 2015 (2) SENIOR CENTER #\_\_\_\_\_

FORM # 1400000

(3) APPLICANT: \_\_\_\_\_  
(Last Name) (First Name) (MI) (4) Social Security No.

\*IF LEGALLY MARRIED, ENTER SPOUSE'S INFORMATION.

(3) SPOUSE: \_\_\_\_\_  
(Last Name) (First Name) (MI) (4) Social Security No.

\*\*\*\*\*

APPLICATION MUST BE POSTMARKED BY AUGUST 31<sup>ST</sup> FOR IT TO BE TIMELY.

(1) CHECK BOX: If this is the first time you are applying for the program.

(2) SENIOR CENTER #: This number will be completed by the Senior Center.

(3) APPLICANT: Your full name and social security number are required. If legally married, your spouse's name and social security number are also required. A deceased person CAN NOT be the applicant. Note: The check will be written to the name entered on the applicant line.

(1) SOCIAL SECURITY NUMBER: This is **YOUR** social security number (SSN#), NOT a spouses SSN#, claim number or entitlement number. Please complete the Consent For Release of Information form in the application packet.

# Address Section

(4) PHYSICAL ADDRESS: \_\_\_\_\_  
Street/P.O. Box CITY ST ZIP

(5) Is this physical address a **GROUP HOME** ☐ or **NURSING HOME** ☐ if so, please check mark the box that applies.

(6) MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box CITY ST ZIP

\*\*\*\*\*

(4-6) **ADDRESS:** Your current residence address is required. If at anytime after filling this application your mailing address changes, you will need to submit, in writing, a change of address form. Please contact your local Senior Center for this form. Send the form to: Tax Refund For Elderly & Disabled, 460 Hathaway Building, Cheyenne, WY 82002.

(5) Please check mark the box if you live in a group home or nursing home.

**Note:** The check will be mailed to the mailing address listed on the application. If your address changes, the Post Office will not forward the check to your new address.

# Application Date of Birth And Phone # Section

(6) DATE OF BIRTH: APPLICANT:\_\_\_\_\_ SPOUSE:\_\_\_\_\_ (7) PHONE#\_\_\_\_\_

\*\*\*\*\*



(6) DATE OF BIRTH: YOUR (and your spouse's) date of birth are required and must be completed. Please provide a copy of valid drivers license or birth certificate for proof of age.

(7) TELEPHONE NUMBER: A telephone number will assist us in answering any questions regarding your application. If you have more than one phone number for us to contact you at, please list below

# Application Type Section

**TYPE:** (YOU MUST SELECT “ ✓ “ ONLY ONE TYPE)

- (8) ☐ JOINT (ONLY IF LEGALLY MARRIED AND SPOUSE IS LIVING)
- (9) ☐ SINGLE (Applicant is NOT married)
- (10) ☐ JOINT WITH DECEASED SPOUSE (ONLY IF SPOUSE DIED IN 2014 OR 2015)

**TYPE:** You must select “ one of the three types listed on the application:

\*\*\*\*\*

- (8) File JOINT if you are currently legally married or were married at any time in 2014.

**NOTE:** You must report the income of both you and your spouse for the income year 2014. If you were legally separated or divorced during the year 2014, please provide copies of the separation or divorce papers. If you were not separated or divorced until 2015 you must file as joint and provide spouses income for 2014.

- (9) File SINGLE if you were not married at anytime in 2014. **Note:** Report all of your income.
- (10) File JOINT WITH DECEASED SPOUSE only if your spouse died during the year of 2014 or 2015.

**NOTE:** You must report both your income for 2014 and the income of your deceased spouse for 2014. Please provide us with a copy of the deceased death certificate.

# Application Qualification Section

\*\*\*\*\*  
QUALIFICATION: (YOU MUST SELECT “ ✓ “ ONLY ONE QUALIFICATION)

- (11) ☐ Age 65 or over: Birth date **prior to 31 December 1949**
- (12) ☐ Disabled: MUST be 18 or over and SHOW proof of disability, **born prior to 31 December 1996**
- (13) ☐ Previously Qualified: Age **OVER 60, deceased spouse was qualified in preceding year**

\*\*\*\*\*  
QUALIFICATION: The application qualification will depend upon your age or disability. Please “ “ mark one of the boxes listed on the application.

Note: If you are under the age of 18 (as of 2014), you do not qualify for the refund regardless of any other circumstances.

- (11) Mark **AGE 65 OR OVER** if you turned 65 or older during the year 2014.
- (12) Mark **DISABLED** if you turned 18 in 2014 and under the age of 65, and have been **TOTALLY** disabled for at least one full year prior to the application date. Note: Totally Disabled means 100% disabled.
- (13) Mark **PREVIOUSLY QUALIFIED** if your qualified spouse died in 2014 or 2015 and you were 60 years of age or older. Note: You may continue to receive the refund providing that you meet all other qualifications.



# Application Residency Section

## (14) RESIDENCY: (Answer both questions)

1. Did you (the applicant) live in Wyoming for 12 consecutive months prior to the date of your signed application? YES\_\_\_\_\_ NO\_\_\_\_\_

2. Have you (the applicant) been a United States citizen for 12 consecutive months prior to the date of your application? YES\_\_\_\_\_ No\_\_\_\_\_

\*\*\*\*\*

(14) RESIDENCY: If you have lived continuously in Wyoming for a full 12 months prior to the date of application and have been a United States citizen, the applicant must answer both questions in this section.





# Application Tax Return Section

(15) TAX RETURN: Did you and/or your spouse file a U.S. Federal Income Tax Return for 2014?

YES\_\_\_\_\_ NO\_\_\_\_\_

\*\*\*\*\*



(15) TAX RETURN: If you did file a tax return for 2014, please attach a complete copy of your 2014 Federal Income Tax Return you submitted to the IRS.

# Assets Section

**(16) ASSETS:** Did you and/or spouse have total household assets exceeding Thirty Thousand Two Hundred Seventy Nine Dollars (\$30,279.00) per adult member of the household in 2014?  
YES\_\_\_\_\_ NO\_\_\_\_\_

\*\*\*\*\*

**(16) ASSETS:** Wyoming Statute 39-11-109 (c)(vii) reads: “No applicant is entitled to a refund under this subsection unless the person has total household assets as defined by the Department of Health through rules and regulations of not to exceed twenty-five thousand dollars (\$25,000.00) per adult member of the household as adjusted annually by the state average Wyoming cost-of-living index published by the economic analysis division of the department of administration and information.” In determining assets, the following property is EXEMPT:

- ✓ The structure and lands occupied as the applicant’s primary residence;
- ✓ Household furnishings and personal belongings; and
- ✓ One (1) personal motor vehicle per adult in the household;
- ✓ Assets held under a bona fide pension plan or individual retirement account (IRA);
- ✓ The cash value of any life insurance policies held.

Rules for the Tax Refund Program read: “Household assets” means real property, which is land and the buildings and structures placed on that land; and personal property, including, but not limited to:

- ✓ Money and cash on hand
- ✓ Currency, gold, silver, and other coins, stamp, etc.
- ✓ Principal amount on deposit in savings, checking accounts.
- ✓ Bonds, promissory notes; shares of stock, mutual fund and other investments; annuities and annuity contracts; term share accounts.
- ✓ Cabins, summer/winter homes, rentals
- ✓ Additional vehicles (including RV’s, campers, boats, ski-doo’s, motorcycles, ATV’s

# Income Section

(17) INCOME: Applicant 2014 Gross Income \$\_\_\_\_\_ Spouse 2014 Gross Income \$\_\_\_\_\_

(18) GRAND TOTAL 2014 INCOME:

**PLEASE COMPLETE THE ATTACHED VERIFICATION WORKSHEET FOR INCOME RECEIVED IN 2014.**

\*\*\*\*\*

(17-18) **2014 INCOME:** Includes, but is not limited to:

Please provide “Documentation required” as listed on the income verification worksheet.


- ✓ Alimony
- ✓ CD Income
- ✓ Child Support
- ✓ Contract Earnings
- ✓ Grants/Loans
- ✓ Experience Works
- ✓ Interest Earned on Checking, Savings, Life Insurance Accounts

# Income Section Continued

(17-18) 2014 INCOME: Includes, but is not limited to:

- ✓ Land Lease Payments
- ✓ Pensions
- ✓ Per Capita Payments
- ✓ Railroad Retirement (RRB1099 and RRB1099R)
- ✓ Rental Income
- ✓ Self Employment, Business Income
- ✓ Stocks, Bonds, Annuities, Trusts
- ✓ Unemployment
- ✓ VA Benefit Payments
- ✓ Wages
- ✓ Worker's Compensation
- ✓ Total income of all adult household members

Public support payments such as:

- ✓ General/Emergency Assistance of any kind
  - ✓ In-Kind Payments
  - ✓ QMB (Medicaid/Medicare payments made on your behalf by the State.)
  - ✓ Social Security (SSA and/or SSDI)
  - ✓ SSI (Supplemental Social Security)
  - ✓ State Supplemental Social Security
  - ✓ Institution (City, County, State, Federal) in any part of the year of 2014
- 

# Property Tax Section

**(19) PROPERTY TAX: YOU MUST CHECK ALL THAT APPLY**

\_\_\_\_\_I(WE) did receive a Property Tax Relief (issued by Department of Revenue) for 2014. YES\_\_\_\_\_ NO\_\_\_\_\_

\_\_\_\_\_I(WE) did receive a Veteran's Exemption for property (not automobile) in 2014. YES\_\_\_\_\_ NO\_\_\_\_\_

\*\*\*\*\*

**(19) PROPERTY TAX: You are required to Check all that apply per W.S. 39-11-109 (c)(ii).**

If you are a homeowner, this would be the tax relief you receive on the payment of your property taxes.

Property Tax Relief is given by The Department of Revenue.

Veteran's Exemption is given by The County Assessor's.

**Please provide us with a copy of your property tax statement for 2014.**

W.S. 39-11-109(c)(ii) " The application shall indicate whether the applicant has received any refund for a property tax exemption under W.S. 39-13-105, a property tax refund under W.S. 39-13-109 (c)(iii), and/or a property tax credit under W.S. 39-23-109(d) for the same calendar year.

# Documents Section

(20) **DOCUMENTS:** Please see the “Documents” section of the 2015 Application instruction sheet and the “2014 Income Verification” worksheet for required documentation.

\*\*\*\*\*

(20) **DOCUMENTS:** Please see the “Verification Worksheet for the 2014 income year.” 8 pages from this page, for the required documentation, and, also those listed below if applicable:

- ✓ A copy of your 2014 Federal Income Tax Return.
- ✓ Copy of Death Certificate, if applicable.
- ✓ Copy of guardianship papers, if applicable.
- ✓ Copy of Legal Separation or Divorce Decree, if applicable.
- ✓ Copy of Driver’s license, other photo ID and/or Birth Certificate.

# Application Signatures

**(21)** I(WE) authorize the department to verify income for 2014. I (WE) swear, affirm or declare under penalty of perjury (if joint, spouse **MUST** sign below) that the information entered on this application is true, correct, and complete to the best of my (our) knowledge and belief. I(WE) understand that our representations on this form are binding and that no changes other than address changes will be allowed after the application is submitted.

Applicant Signature: \_\_\_\_\_Spouse Signature: \_\_\_\_\_Date:\_\_\_\_\_

\*\*\*\*\*

## **(21)** SIGNATURES:

**SINGLE** – You must sign and date the application to the best of your ability.

**MARRIED** – Applicant and spouse must sign and date the application.

**DECEASED SPOUSE** – Applicant must sign and date application. Enter the spouse's date of death on the spouse's signature line.

**GUARDIAN** – Have the applicant sign to the best of their ability. Sign and date the application at spouse's signature line and date application. (Please sign and date Consent for Release of Information form and include guardianship papers with application.)





# Application Information

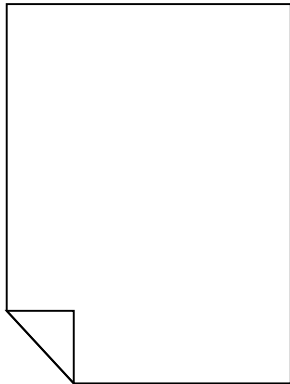
W.S. 6-5-303 (b) – Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both.

*Refund checks will be issued ON or BEFORE DECEMBER 20, 2015. If you have submitted all of the required documentation and qualify.*

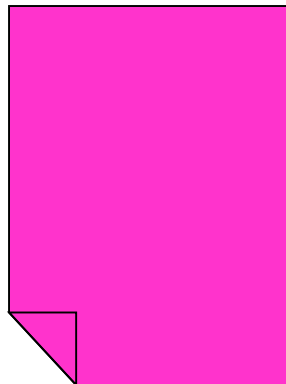
MAIL TO: DEPARTMENT OF HEALTH, Tax Refund For Elderly & Disabled,  
460 Hathaway Building  
Cheyenne, WY 82002

TOLL FREE# 1-866-989-8901

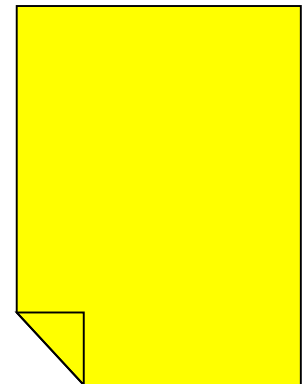
White copy: E & D Office



Pink copy: Applicants copy



Yellow copy: Senior Center



# 2014 Household Member Form

Applicant Name: \_\_\_\_\_ Form# \_\_\_\_\_

**2014 Household Members Form**

**NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR APPLICATION.**

If the 2014 Household Members Form is not attached to your application when we receive it, your application will be suspended and your refund check will not go out by the December 20<sup>th</sup> deadline.

**\*\*If you live in a GROUP HOME or NURSING HOME, in the year of 2014, please complete the information at the bottom of this form. Thank You!**

**HOUSEHOLD MEMBERS: Complete the information below for yourself and ALL persons living in your home, whether or not you share living expenses, even if they are not related to you. (Examples of household members include but are not limited to: significant other, son, daughter, grandchild, foster child, mother, father, brother, sister, aunt, uncle, roommate, landlord or renter.)**

Name (List yourself first and then <u>ALL</u> household members)	Relationship to Applicant	Date of Birth	Social Security Number	Type of Income	Total Gross Income (2014)
	<b>SELF</b>				

**YOU MUST ATTACH COPIES OF PROOF OF IDENTIFICATION AND OF INCOME FOR 2014 FOR ALL PERSONS LISTED AS A HOUSEHOLD MEMBER.**

If you had a household member that moved in or out in 2014, please list below.

Name of Household Member	Date Moved In 2014	Date Moved Out 2014

**SIGNATURE NEEDED BELOW:**

I(WE) certify under penalty of perjury (if joint, spouse MUST sign below) that the information entered on the Household Members Form is true, correct and complete to the best of my (our) knowledge and belief.

**Applicant Signature:** \_\_\_\_\_ **Spouse Signature:** \_\_\_\_\_

**W.S. 6-5-303(b) states, "Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for no more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both."**

**\*\*\*\*\***

**\*\*If this is a GROUP HOME or NURSING HOME you do not need to list other client's information above. Please complete the following information that applies to you.**

Group Home Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Nursing Home Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**THIS FORM  
MUST BE  
COMPLETED,  
SIGNED AND  
SUBMITTED  
WITH YOUR  
APPLICATION.**

# Household Member Form

## Part 1

\*\*\*\*\*

**IF THE 2014 HOUSEHOLD MEMBERS FORM IS NOT ATTACHED WHEN WE RECEIVE IT, YOUR APPLICATION WILL BE SUSPENDED AND YOUR REFUND CHECK WILL NOT GO OUT BY THE DECEMBER 20<sup>TH</sup> DEADLINE.**

If this is a GROUP HOME or NURSING HOME you do not need to list other client's information above. Please complete the following information that applies to you.

(It should look like this)

Group Home Name: \_\_\_\_\_Address\_\_\_\_\_

Nursing Home Name: \_\_\_\_\_Address\_\_\_\_\_

Telephone Number:\_\_\_\_\_



# Household Member Form

## Part 2

**HOUSEHOLD MEMBERS:** Complete the information below for yourself and ALL persons living in your home, whether or not you share living expenses, even if they are not related to you. (Examples of household members include but are not limited to: significant other, son, daughter, grandchild, foster child, mother, father, brother, sister, aunt, uncle, roommate, landlord or renter.)

Name (List yourself first and then ALL household members)	Relationship to Applicant	Date of Birth	Social Security Number	Type of Income	Total Gross Income (2014)
Applicant	SELF	12-23-1960	000-00-0000	Wages	\$8,000
John Doe	Son	01-19-2004	000-00-0000	NO INCOME	-0-
Jane Doe	Daughter	05-24-2001	000-00-0000	SSI,STSSI	\$8,300

# Household Member Form

## Part 3

\*\*\*\*\*

**YOU MUST ATTACH COPIES OF PROOF OF IDENTIFICATION AND OF INCOME FOR 2014 FOR ALL PERSONS LISTED AS A HOUSEHOLD MEMBER.**

**If you had a household member that moved in or out IN 2014, Please list below.**

**(Example)**

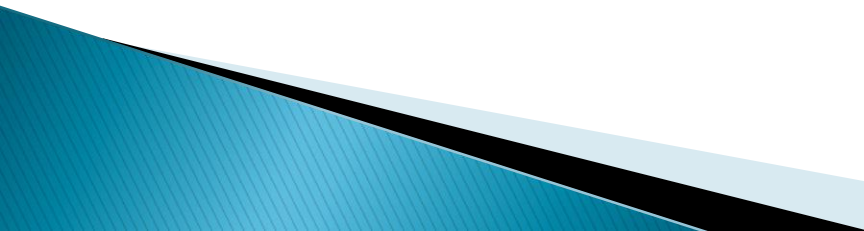
Name of Household Member	Date Moved In 2014	Date Moved Out 2014
Sally Doe	January 01, 2014	June 31, 2014

# SIGNATURE NEEDED BELOW

## PART 4

- ▶ I(WE) certify under penalty of perjury (if joint, spouse MUST sign below) that the information entered on the Household Member Form is true, correct and complete to the best of my (our) knowledge and belief.
- ▶ Applicant Signature:\_\_\_\_\_
- ▶ Spouse Signature:\_\_\_\_\_

W.S. 6-5-303(b) states, “Knowingly submitting a false claim with intent to defraud is a felony punishable by imprisonment for no more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00) or both.



# Household Member Form

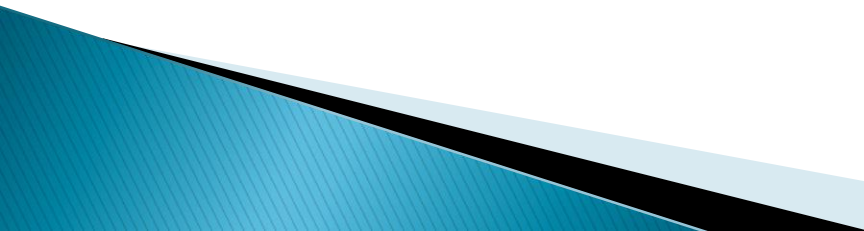
## How We Figure Household Member Income

\*\*\*\*\*

### HOW WE FIGURE HOUSEHOLD MEMBER INCOME

We will add total household income for all adult members (an adult member is anyone 18 years of age and older) and divide income by the number of adults living in the household. If you have children under 18 who receive public support income such as SSI, STSSI, SSA, SSDI, their income will be added to applicant's income.

The applicant's income if single must be under \$17,500 and joint income must be under \$28,500 before household members are added to qualify for refund.





# Verification Worksheet

## VERIFICATION WORKSHEET FOR THE 2014 INCOME YEAR

WYOMING TAX REFUND FOR ELDERLY AND DISABLED PROGRAM INCOME

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

*\*If the applicant has their SSA paperwork with them, please make a copy and send it in with their application. Please have all applicants sign the Consent for Release of Information form. DO NOT SEND APPLICANTS TO THE SSA OFFICE FOR THIS INFORMATION.*

Countable Income	Applicant's Income	Joint Applicant Income	DOCUMENTATION REQUIRED Attach With Application
Supplemental Social Security (SSI)	\$	\$	*Copy of SSI printout for 2014
STATE Supplemental Social Security (SSD)	\$	\$	Signed Consent for Release
Social Security (SSA/SSDI)	\$	\$	*Copy of SSA 1099 for 2014
VA Benefits (Pension, Disability Payments)	\$	\$	Copy of Statement from VA for 2014
TANF/POWER	\$	\$	Department of Family Services Printout
Wages/Experience Works	\$	\$	W-2s, 2014 Federal Tax Return and/or 1099
BINC/Self-Employment, or MISC Contract Employment	\$	\$	1099 Forms or 2014 Federal Tax Return
Unemployment Insurance	\$	\$	Form 1099G
Workers' Compensation	\$	\$	Award letter from Workers' Compensation
Railroad Retirement & Divorce Benefits (retiree/widow)	\$	\$	1099 & 1099R from the Railroad
Pensions, Retirements, IRA's and Annuities	\$	\$	Document (1099) for 2014
Interest/Dividends Earned on Saving/Checking, Shares, IRA's Certificate of Deposit, ETC.	\$	\$	Bank Statement(s) from Dec 2014 or 1099's
Per Capita Payments, BIA Statements, Financial Aid Reports	\$	\$	Verification Letter from the Tribal Council/Indian Affairs
Land Lease Income	\$	\$	Land Lease print-out for 01/01/2014 to 12/31/2014
Child Support	\$	\$	Clerk of Court Printout
Alimony	\$	\$	Clerk of Court Printout
Federal Income Tax Credits for the year 2014 (EIC, ACTC, ED)	\$	\$	Complete Copy of 2014 Federal Tax Return
Rental Income (Money received by you) from property or land	\$	\$	Copies of Rental Receipts or 2014 Federal Tax Return
Stocks, Bonds, Trusts, Royalties and Capital Gains	\$	\$	Account Statement for December 2014
Farm Income, Income from Livestock	\$	\$	2014 Federal Tax Return
Additional or Other Support	\$	\$	Documents as Needed (statements or 1099 forms from 2014)

*\*Visit [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) to obtain your Social Security information.*

This is the Verification Worksheet that needs to be filled out with your application. Please attach a copy of documentation listed in the documentation required column for your income for 2014.

PLEASE FILL OUT THIS  
FORM AND RETURN  
WITH YOUR  
APPLICATION PACKET.

# Consent For Release Of Information Form

## CONSENT FOR RELEASE OF INFORMATION

TO: Department of Health, Tax Refund for Elderly & Disabled Program

FROM:

Applicant Name:	Spouse's Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
*Claim Number, Entitlement Number, VA File Number:	*Claim Number, Entitlement Number, VA File Number:

**NOTE:** IF YOU ARE/OR COULD BE RECEIVING BENEFITS UNDER ANOTHER SOCIAL SECURITY NUMBER THAN YOURS, PLEASE LIST ABOVE IN CLAIM NUMBER, ENTITLEMENT NUMBER OR VA FILE NUMBER SECTION. \*

I authorize the Tax Refund for Elderly & Disabled, its employees, agents, and contractors to obtain information concerning my income for **2013** and assets, without liability.

Pursuant to W.S. 39-11-109, (c) (i) which reads:

(C) "Income includes but is not limited to, wages, receipts from earnings including earnings from self-employment, rents, interest, dividends, annuities, trusts, pensions, alimony, support payments, public assistance payments, unemployment compensation, federal social security payments, veteran's benefits and disability payments, Native American Per Capita payments, or net income from any other qualified income as determined by the Department."

**Applicant  
Signature:** \_\_\_\_\_

(If signed by legal guardian please complete below.)

**Spouse's  
Signature:** \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_

(Please Print)

Name

Address

Phone Number

Date: \_\_\_\_\_

This Consent For Release Of  
Information Form

ALL APPLICANT'S MUST  
SIGN THIS FORM AND  
RETURN WITH THEIR  
APPLICATION PACKET.

# Types Of Identification

\*\*\*\*\*

VALID WYOMING  
DRIVER'S  
LICENSE

STATE PHOTO  
IDENTIFICATION

BIRTH  
CERTIFICATE

VA CARD

MEDICAID CARD  
OR EQUALITY  
CARE CARD

DEATH  
CERTIFICATE

WE WOULD LIKE TO HAVE A VALID WYOMING  
DRIVER'S LICENSE FIRST BEFORE OTHER  
CHOICES.

# Change of Address Form

TAX REFUND FOR THE ELDERLY AND DISABLED

## CHANGE OF ADDRESS

Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Please Print) Last Name First Name

FORM NUMBER FROM APPLICATION # \_\_\_\_\_

### OLD ADDRESS

Physical: \_\_\_\_\_  
Street City State Zip

Mailing: \_\_\_\_\_  
Street City State Zip

### NEW ADDRESS

Physical: \_\_\_\_\_  
Street City State Zip

Mailing: \_\_\_\_\_  
Street City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_


**NOTE: Unsigned and undated address change requests will not be accepted.**

**NOVEMBER 25<sup>TH</sup> IS THE DEADLINE TO HAVE THIS FORM SUBMITTED TO BE GUARANTEED THAT YOU'RE CHECK WILL BE MAILED TO THE CORRECT ADDRESS.**

Please obtain your Change of Address form from your local Senior Center. You must fill out the form and sign and date. All address changes must be in written request.

# my Social Security


**How To Create An Online Account**




---

## Step 1

Visit [www.socialsecurity.gov/online](http://www.socialsecurity.gov/online) and select:





## Step 2


Select "Create An Account"


To create a my Social Security account, you must be at least 18 years old and have:

- A valid Email address,
- A Social Security number, and
- A U.S. mailing address.

## Step 3

Provide your personal information to verify your identity.





## Step 4

Choose a username and password to create your account.

page 1

After you create a **my Social Security** account, you can access your Social Security statement to check your earnings and get your benefit estimates.

If you receive benefits, you also can:

- Change your address and phone number.
- Start or change your direct deposit, and
- Get your benefit verification letter.

## How To Get Your Benefit Verification Letter

You can use your benefit verification letter as proof of your:

- Income when you apply for a loan or mortgage, rented housing or other state or local benefits.
- Current Medicare health insurance coverage.
- Retirement or disability status, and
- Age.

To get your benefit verification letter:

- Sign into your account, and
- Select "Get a Benefit Verification Letter."

Your letter will be displayed and you may print it or save it for later use.

# Contact Information

\*\*\*\*\*



Tax Refund For Elderly & Disabled  
460 Hathaway Bldg  
Cheyenne, WY 82002

Toll FREE: 1-866-989-8901

FAX: 1-307-777-5896

E-MAIL: [edtax.refund@wyo.gov](mailto:edtax.refund@wyo.gov)

WEB PAGE: [www.health.wyo.gov](http://www.health.wyo.gov)